ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Cy		1-10
O.I.P.E. CLASSIFIER		49	1-2-1 00
FORMALITY REVIEW		69853	2/4/00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔	Rejected	N .... Non-elected
=	Allowed	I .... Interference
−	(Through numeral)... Canceled	A .... Appeal
÷	Restricted	O .... Objected

Claim		Date										
Final	Original	8/1/02	3/2/03	10/30/03	3/9/04							
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Claim		Date
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Claim		Date
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If more than 150 claims or 10 actions
staple additional sheet here

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Form PTO-43
(Rev. 6/99)